

# COMMONWEALTH OF KENTUCKY - INSURANCE NOTICE OF LOSS

Instructions: For **ALL LOSSES**, complete sections 1, 2, & 3  
For **Auto losses** – **Also** complete section 4 & 5  
Forward to: Department of Insurance, **State Risk Division**

Certificate # \_\_\_\_\_  
Property ID # \_\_\_\_\_  
Policy # \_\_\_\_\_

(1) CABINET \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

Insured Address: \_\_\_\_\_ DIVISION \_\_\_\_\_

Reported By: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_ Phone # \_\_\_\_\_

(2) Insured Property or Liability Losses Only: Loss Type  
( ) F & T ( ) Crime ( ) Aircraft ( ) Inland Marine ( ) Fidelity/Bond ( ) Boiler & Machinery, Location: \_\_\_\_\_  
( ) Commercial General Liability ( ) Auto ( ) Professional Liability, Civil Action Number: \_\_\_\_\_ ( ) Other: \_\_\_\_\_

(3) Date of Loss: \_\_\_\_\_ Time of Day: \_\_\_\_\_ Probable Amount of Loss: \$ \_\_\_\_\_

Location of Loss: \_\_\_\_\_

Description of Loss: \_\_\_\_\_

Description of Property Damage: \_\_\_\_\_

Where is the Property Now? \_\_\_\_\_ Estimate Amt. \$ \_\_\_\_\_

Investigated by: (Police, Fire, etc.) \_\_\_\_\_ Report # \_\_\_\_\_

(4) Bodily Injury or Property Damage – use additional sheet(s) as necessary

Name (Claimant/owner) \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Social Security # \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Witnesses: \_\_\_\_\_ Phone # \_\_\_\_\_ Medical Attention? Yes \_\_\_\_\_ No \_\_\_\_\_

Description of Injury: \_\_\_\_\_

(5) Auto Losses Only –use additional sheet(s) as necessary Policy # \_\_\_\_\_

Is the vehicle owned by a state agency? Yes \_\_\_\_\_ No \_\_\_\_\_ Or leased from D.O.T? Yes \_\_\_\_\_ No \_\_\_\_\_

## State Vehicle

## Claimant Vehicle

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN \_\_\_\_\_ Tag # \_\_\_\_\_

VIN \_\_\_\_\_

State Driver \_\_\_\_\_

Vehicle Driver \_\_\_\_\_

State Driver' Social Security #: \_\_\_\_\_

Vehicle Owner \_\_\_\_\_

Passengers \_\_\_\_\_

Passengers \_\_\_\_\_

Our driver's statement attached? Yes \_\_\_\_\_ No \_\_\_\_\_, but will follow.

STATE \_\_\_\_\_ AGENCY \_\_\_\_\_ REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE  
#: \_\_\_\_\_